



CHARLES D. BAKER
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*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families
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MARYLOU SUDDERS
Secretary

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Commissioner

2018-2019 Foster Child Grant Program Conditions of Agreement

I, _____, hereby certify that I am enrolled in a post secondary educational program. The full name
(Name)
of the school I am attending is _____ and the address of the school is
(Name of School)
_____. My start date this academic year is month ____ year ____.
(Address of School)

Students agree to the following statements in order to meet eligibility requirements:

- I am a full time student and under age 25 years old.
- I have filed a 2018-2019 FAFSA- *Free Application for Federal Student Aid*. (The FAFSA website is www.fafsa.ed.gov)
- I am currently a permanent resident of the Commonwealth of Massachusetts. The FAFSA that I filed reflects a Massachusetts address.
- I have verified with DCF that I was in the custody of DCF through a Care and Protection Petition until my 18th birthday. (Youth who turned 18 in the custody of DCF may or may not have remained in DCF placement past their 18th birthday.)
- I agree to participate in educational support services offered to me by the Department of Children and Families.
- I am aware that for the purposes of awarding this grant, DCF will exchange the information I have provided on this form with the Massachusetts Office of Student Financial Assistance and the above named school where I am enrolled.

Signature of Student _____ Printed Name _____ Date _____

Address _____ City _____ State MA Zip _____

Phone Number _____ Social Security Number _____ Date of Birth _____

Valid E-mail Address _____ (Required)

Social Worker _____ DCF Area Office _____ Open Case _____ Closed Case _____

Have you applied for Foster Child Grant before? Yes _____ No _____

Filing deadline for academic year 2018-2019 is July 1, 2018
Students must fax this completed form to 617-748-2156 OR mail it to:

**Massachusetts Department of Children and Families
Adolescent Services Unit
600 Washington Street
Boston, MA 02111
Attn: Kristen Quinlan**